ACCIDENT STATISTICS FORM

This form is to be completed for all Competitors / Team members & Officials involved in an accident at an FIM AFRICA event and submitted to the Clerk of Course at the end of the event
The Clerk of Course is responsible for onward submission of this form to the FIM AFRICA Secretariat, to reach same within 3 working days after the event.
Every accident is to be recorded, irrespective of whether the competitor was seen by medical staff in attendance or not; and irrespective of whether any apparent injuries were sustained or detected.
Please ensure all fields are completed as this information is utilised for statistical purposes
Competitors who refuse medical attention should be declared as Unfit for the remainder of the day and for subsequent race meetings

Event **Country:**	
Event **Name:**	
Event **Venue:**	
Event **Dates:**	

Event **Category:**	**CUP**	**CHALLENGE**	**CONTINENTAL**
CMO **Name**:			
CMO **Contact No**:			
Medical **Service Provider**:			

Circuit/track Length
 # Competitors / day

D = Day
1 = Monday
2 = Tues
3 = Wed
4 = Thurs
5 = Fri
6 = Sat
7 = Sun

P.E. = Part of event
P =
Q =
R = Race

W = Weather
S = Sunny
R = Rain
C = Cloudy

Neck Brace
N =
H =
L =
O = (spec

P = Pt Priority
0 = Not
1 = P1
2 = P2
3 = P3 (Minor)
4 = P4 (Fatal)
5 = Refused

Disp = Disposal
R = Released
H = Hospital

Transp = Transport
C = Car
A = Ambulance
H = Helicopter

Hospital Admission
Y = Yes (>12 hours)
N = No (<12hours)

F =
U = Unfit

	P.E.	W	Time *eg. 15h30*	Class	BIKE #	FIM Licence #	INITIAL & SURNAME	Gender M / F	Age	Turn #	Neck brace	Suspected Diagnosis *Left/Right; Anat.region & Type of injury*	P	Disp	Transp	Hosp adm	**Fit/ Unfit**
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